

Civil Action No.: **1:21-CV-10595-ADB**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) Louis DeJoy Postmaster, USPS
was received by me on (date) April 9, 2021.

☒ I personally served the summons on the individual at (place) 475 L'ENFANT PLZ, SW
WASHINGTON, DC 20260 on (date) JUNE 30, 2021 ~~or~~
Pursuant to Fed. R. Civ. P. 4(c)(1)(A)(B)(C)

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

8/4/2022
Date

JONAS JACOBSON
PLAINTIFF'S COUNSEL
2067 MASS AVE. 5th Fl.
CAMBRIDGE, MA 02140
Server's Signature
Printed name and title
Server's Address

Additional information regarding attempted service, etc:

Civil Action No.: **1:21-CV-10595-ADB**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) MERRICK GARLAND, Attorney General
was received by me on (date) April 9th, 2021.

☒ I personally served the summons on the individual at (place) 50 Pennsylvania Ave, N.W.
WASHINGTON, DC 20530 on (date) July 6th, 2021; ~~at~~

PURSUANT TO FED. R. CIV. P. 4(c)(1)(A)(B)(C)

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

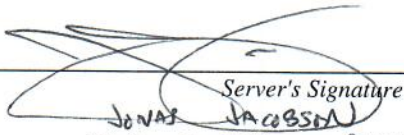
☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

August 4th, 2022
Date


Server's Signature
JONAS JACOBSON
PLAINTIFF'S COUNSEL
Printed name and title
2067 MASS AVE., 5th Floor
CAMBRIDGE, MA 02140
Server's Address

Additional information regarding attempted service, etc:

GREEN CARD

Civil Action No.: **1:21-CV-10595-ADB**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) UNITED STATES ATTORNEY FOR MASSACHUSETTS
was received by me on (date) April 9, 2021.

☒ I personally served the summons on the individual at (place) ONE COURTHOUSE WAY
BOSTON, MA 02210 on (date) JUNE 30th 2021; ~~or~~

PURSUANT TO: FED. R. CIV. P. 4(i)(1)(A)(B)(C)

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

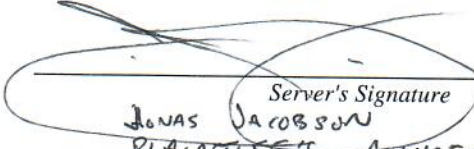
☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ 0 for travel and \$ 0 for services, for a total of \$ 0.

I declare under penalty of perjury that this information is true.

August 4th, 2022
Date



Jonas Jacobson
PLAINTIFF'S COUNSEL
2067
MASS AVE. 5th Floor
CAMBRIDGE, MA 02140


Server's Address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*Jens DeJoy
POSTMASTER
495 C'ENFANT PLZ. SW
WASHINGTON DC 20260*


9590 9402 5585 9274 0486 18

Article Number (Transfer from service label)
7020 1810 0001 2416 8029

Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No


3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Return Receipt for Merchandise
☐ Collect on Delivery ☐ Signature Confirmation™
☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation Restricted Delivery
Mail Restricted Delivery (500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*U.S. ATTY
ONE COURTHOUSE
BOSTON 02210*


9590 9402 6718 1060 0389 67

Article Number (Transfer from service label)
7020 1810 0001 2416 8012

Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
L. Paulson *4/30/21*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No


3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery
Mail Restricted Delivery (500)

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:
*ATTY GEN'L GARLAND
50 PENNSYLVANIA AVE. NW
WASHINGTON, DC 20530-0001*


9590 9402 6718 1060 0389 74

Article Number (Transfer from service label)
1810 0001 2417 5041

Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
[Signature] *JUL 06 2021*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature ☐ Priority Mail Express®
☐ Adult Signature Restricted Delivery ☐ Registered Mail™
☐ Certified Mail® ☐ Registered Mail Restricted Delivery
☐ Certified Mail Restricted Delivery ☐ Signature Confirmation™
☐ Collect on Delivery ☐ Signature Confirmation Restricted Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt